

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Non Emergency Certificate  
(primary business) and Class C Charter (secondary)  
from

L. H. Transportation Services, Inc.  
dba DocRide and Grand Strand Shuttle

218378  
BEFORE THE PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 333 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lawrence R. Hisko

Telephone: 843-236-2500

Address: 368-A Jesse Street

Fax: 843-235-2505

Myrtle Beach, South Carolina

Other: 908-804-5123

29579

Email: mbfunding@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class C Taxi
- ☒ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☒ Application - Class C Non-Emergency
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate Increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED  
JUL 24 2009  
PSC SC  
DOCKETING DEPT.

RECEIVED  
AUG 05 2009  
PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
**ATTN: DOCKETING DEPARTMENT**  
**101 EXECUTIVE CENTER DRIVE**  
**COLUMBIA, SC 29210**  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

**CLASS C – NON-EMERGENCY**

**DATE July 21, 2009**

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

**L. H. TRANSPORTATION SERVICES, INC. dba DocRide and Grand Strand Shuttle**

2. (a) Street Address of Applicant **368-A Jesse Street, Myrtle Beach, South Carolina, 29579**

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(b) Mailing address, if different from street address

**655 Pamlico Court, Myrtle Beach, South Carolina, 29588**

---

(c) Telephone Number **(843) 236-2500 (office) (908) 804-5123 (cell)**

3. If incorporated, a copy of Articles of Incorporation must be attached.(If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

**(S-Corporation) Lawrence R. Hisko, President (sole officer of the corporation)**

**655 Pamlico Court, Myrtle Beach, South Carolina, 29588**

- 
5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
  6. The proposed list of equipment is as per Exhibit "D" included herewith.

- ## BALANCE SHEET

<b>Assets:</b>		
Cash	43,482	Wachovia Business Checking Account
Receivables	39,000	Notes Receivable, 24 mo. Sublease
Real Estate	None	Leased Office
Buildings and Equipment-Net	\$7,000	Furnishings, Fixtures and Equipment
Motor Vehicles-Net	45,000	(3) 2006 Ford E-350 12 pass. vans
Garage Equipment-Net	None	
Machinery and Tools-Net	None	
Supplies on Hand	\$550	Office Supplies, Software Licenses
Prepays and Other Assets	\$4,800	Lease Deposit, Insurance Premium
Total Assets	139,832	Downpayment
<b>Liabilities and Equity:</b>		
Accounts Payable	\$950/mo	Rent/Utilities
Notes Payable	\$35,000	(3) Vehicle Loan w/ BB&T 36 mo
Mortgages Payable	None	
Equipment Obligations	None	
Accrued Salaries and Wages	None	
Other Accrued Obligations	None	
Other Liabilities	\$1,069/mo	Insurance \$1MM Combined Single Limit,
Total Liabilities	\$37,019	GL Insurance, Property Insurance
Capital Stock	\$1,000	
Retained Earnings		
Total Equity	\$38,019	
Total Liabilities and Equity	\$177,851	

**STATE OF SOUTH CAROLINA,**

**COUNTY OF HORRY**

**SWORN TO BEFORE ME**

This the 22<sup>nd</sup> day of July 2009

Commission Expires: May 16, 2016

Lassen Hope

(Signature of Applicant's Representative)

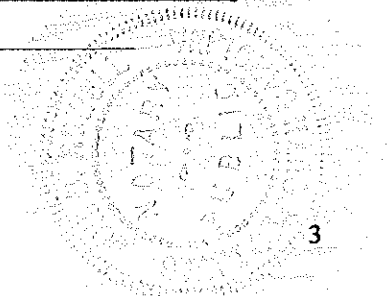


EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant L. H. TRANSPORTATION SERVICES, INC. dba DocRide and Grand Strand Shuttle

For the transportation of passengers as follows: For a fee or charge, non-emergency transportation, for patients in stable medical condition who may or may not require the use of a walker, crutches, canes, or personal assistant, to scheduled visits to a physician's office or hospital for treatment, routine physical examinations, x-rays or laboratory tests, for transporting patients upon discharge from a hospital or nursing home to a hospital or nursing home or residence, or for other non-emergency purposes including wheelchair van capable transport, loading and transporting both ambulatory and wheelchair-bound patients in a safe and secure manner.

Area to be served: The Grand Strand Region from the NC/SC state line south to Charleston and west to Florence Statewide

Number of passengers: Up to 12.

Fares: As agreed by contract with Broker(s). Logisticare (average of \$1.70 per mile per person) and Access On-Time (average of \$1.70 per mile per person). Fares for private pay or privately insured to be negotiated: per person based on mileage, trip legs needed, anticipating the average of \$1.80 per mile per person but not anticipating the fare to exceed \$2.60 per mile per person. Wheelchair patient fares are anticipated to be approximately 30% higher than stable, ambulatory patients, plus load/unload fees.

\*\*\*\*\*

Date 7-22-09

Lawrence R. Hisko  
By Lawrence R. Hisko

PRESIDENT  
Title

## EXHIBIT D

STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION

## DESCRIPTION OF EQUIPMENT

VEHICLE NUMBER	MAKE	MODEL & YEAR	SERIAL #	WEIGHT EMPTY	CARRYING CAPACITY *
VIN: 1FBNE31PX6HA35843; FORD; E-350 2006				6,600	12
VIN: 1FBNE31P86HA35842; FORD; E-350 2006				6,600	12
VIN: 1FBNE31P76DA27500; FORD; E-350 2006				6,600	12
VIN: WD5WD241325357855; FREIGHTLINER/SPRINTER				6,450	7 Seats w/ 2 Wheelchairs
				Or	5 Seats w/ 4 Wheelchairs

\* Seats if passenger carrier or tonnage if freight carrier.

\* Designate if equipped with wheelchair lift

Date: 7-21-09

L.H. Transportation Services, Inc dba  
(Applicant) Dockride and  
Grand Strand  
Shutt  
[Signature]  
(Applicant's Representative)

PRESIDENT  
(Title)

**EXHIBIT D**

**STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION**

**DESCRIPTION OF EQUIPMENT**

VEHICLE NUMBER	MAKE	MODEL & YEAR	SERIAL #	WEIGHT EMPTY	CARRYING CAPACITY *
<u>VIN: 1FBNE31P26DA27503; FORD; E-350 2006</u>					<u>12</u>
<u>VIN: 1FBNE31P66DA23258; FORD; E-350 2006</u>					<u>12</u>
<u>VIN: 1FBNE31P76DA27500; FORD; E-350 2006</u>					<u>12</u>

\* Seats if passenger carrier or tonnage if freight carrier.

\* Designate if equipped with wheelchair lift

Date: 7-22-09

L H Transportation Services Inc  
(Applicant)

Sam Hefner  
(Applicant's Representative)

PRESIDENT  
(Title)

**INSURANCE QUOTE**

The following insurance quote is for:

**L. H. TRANSPORTATION SERVICES, INC dba DocRide and Grand Strand Shuttle**  
(Name of Motor Carrier)

**368-A JESSE STREET, MYRTLE BEACH, SOUTH CAROLINA, 29579**  
(Address of Motor Carrier)

\*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
- b. Medical Payments/Each Person \$1,000

**Amount of Premium:**      \$ 16,200 total

Liability Insurance

The above quoted premiums are for a term of 12 months.

**NATIONAL CASUALTY COMPANY (POLICY NO. CA00223439)**  
(Insurance Company Name)

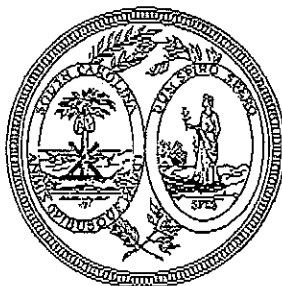
**8877 NORTH GAINES CENTER DRIVE, SCOTSDALE, ARIZONA, 85258**  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

July 21, 2009  
Date

/s/ Joseph Kennedy, III      (843) 294-1200  
(Authorized Insurance Company Representative)

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

L.H. TRANSPORTATION SERVICES, INC.,  
a corporation duly organized under the laws of the State of South Carolina on July 27th, 2009, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
28th day of July, 2009.

  
Mark Hammond, Secretary of State





L. H. Transportation Services, Inc.

Name of Corporation

7. Unless otherwise specified below the corporation shall have a board of directors (See Sections 33-18-210 of the 1976 South Carolina Code of Laws, as amended).

☒ This corporation elects not to have a board of directors.

8. Check, if applicable.

☐ This corporation elects to have the provisions of Sections 33-18-140 through 33-18-170 of the 1976 South Carolina Code of Laws, as amended, which give the estate of a deceased shareholder the right to compel the corporation to purchase the deceased shareholder's shares, apply.

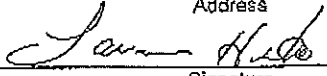
Specify any variations in the statutory format in Sections 33-18-140 through 33-18-170.

None.

9. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 33-18-330, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

S-Corporation Status :

10. The name, address and signature of each incorporator is as follows (only one is required):

a. Lawrence Hisko  
Name  
655 Pamlico Court, Myrtle Beach, SC 29588  
Address  
  
Signature

b. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature

c. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature

11. I, John C. Thomas, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

# Certificate of Training Completion

Builderton Conversions of Charleston, South Carolina

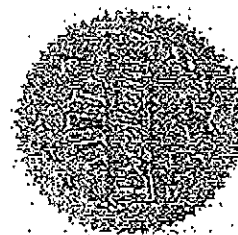
This is to certify that

James Azzarella

has successfully completed operational training on the

Braun Corporation Wheelchair Lift Model L9191B

This 30th Day of July, 2009.



Joe. J. J. J.  
Signature

# *Certificate of Training Completion*

*Builderton Conversions of Charleston, South Carolina*

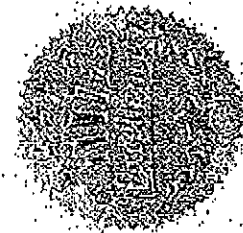
*This is to certify that*

*Clark Barr*

*has successfully completed operational training on the*

*Braun Corporation Wheelchair Lift Model L9191B*

*This 30th Day of July, 2009.*



*Joe J. J. J.*  
Signature

# *Certificate of Training Completion*

*Builderton Conversions of Charleston, South Carolina*

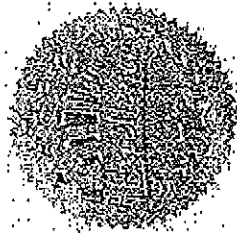
*This is to certify that*

*Lawrence Hisko*

*has successfully completed operational training on the*

*Braun Corporation Wheelchair Lift Model L9191B*

*This 30th Day of July, 2009.*



*Joe. T. [Signature]*  
Signature

# *Certificate of Training Completion*

*Builderton Conversions of Charleston, South Carolina*

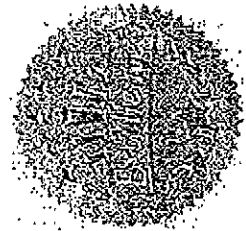
*This is to certify that*

*Joseph Kennedy, Jr.*

*has successfully completed operational training on the*

*Braun Corporation Wheelchair Lift Model L9191B*

*This 30th Day of July, 2009.*



*Joe J. Kennedy*  
Signature

# *Certificate of Training Completion*

*Builderton Conversions of Charleston, South Carolina*

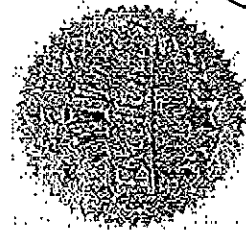
*This is to certify that*

*Noreen Alexander*

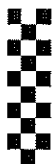
*has successfully completed operational training on the*

*Braun Corporation W/heelchair Lift Model L9191B*

*This 30th Day of July, 2009.*



*[Handwritten Signature]*  
Signature



L. H. Transportation Services, Inc  
dba DocRide and Grand Strand Shuttle

368-A Jesse Street  
Myrtle Beach, SC 29579  
Tel: 843.236.2500  
Fax: 843.236.2505  
E-mail: larryharleydog@aol.com  
www.grandstrandshuttle.com  
www.docride.com

Attn: Docketing Department

*26 pages (including cover sheet)  
(803) 896 5199*

Dear Ms. Schmieding,

Here is the completed package for Class C Charter and Class C Non Emergency, including the original stamped Articles of Incorporation from the Secretary of State.

I will also have Carla Wessells scan the docs and email them to you to ensure you have received the full package in both fax and email form.

Please advise when a docket number has been assigned.

Best regards,

Lawrence Hisko  
President/Owner  
(908) 804-5123 cell

RECEIVED  
AUG 03 2009  
PSC SC  
DOCKETING DEPT.



**EXHIBIT FWA**

**Name: L. H. TRANSPORTATION SERVICES, INC. dba DocRide and Grand Strand Shuttle**

**Address: 368-A JESSE STREET, MYRTLE BEACH, SOUTH CAROLINA 29579**

**Telephone No. (843) 236-2500 Fax No. (843) 236-2505**

**U.S.D.O.T. No. N/A ICC No. N/A**

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No ☒ Pending \_\_\_\_\_ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory \_\_\_\_\_

Conditional \_\_\_\_\_

Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No ☒

3. Are there currently any outstanding judgement(s) against Applicant?

Yes \_\_\_\_\_ No ☒

(If "yes", indicate nature of judgement(s).

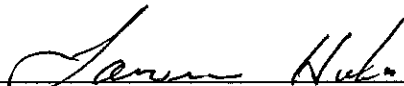
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

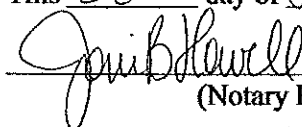
Yes ☒ No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

  
(Applicant's Signature)

Sworn to before me

This 22nd day of July, 2009

  
(Notary Public)

Commission Expires: May 16, 2016



## ***APPLICANT'S OATH***

I, Lawrence R. Hisko, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law.(Note: This oath embraces all schedules and supplemental filings to this application.)

*Law Hisko*  
(Applicant's Signature)

***Sworn to before me***

This 22<sup>nd</sup> day of July, 2009

*Joni Blawell*  
(Notary Public)

Commission Expires: May 16, 2016

